

SERFF Tracking Number:	PRLD-126441132	State:	Arkansas
Filing Company:	Principal Life Insurance Company	State Tracking Number:	44490
Company Tracking Number:	AA3517N		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Mature Age Questionnaire		
Project Name/Number:	Mature Age Questionnaire/AA3517N		

## Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Mature Age Questionnaire

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRLD-126441132 State: Arkansas

SERFF Status: Closed-Approved-  
Closed

Co Tr Num: AA3517N

Author: R Grubb

Date Submitted: 01/06/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/06/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: 02/01/2010

State Filing Description:

## General Information

Project Name: Mature Age Questionnaire

Project Number: AA3517N

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/06/2010

Deemer Date:

Submitted By: R Grubb

Filing Description:

RE New Submission - Individual Life Application

AA 3517 N Mature Age Questionnaire

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 01/04/2010

Domicile Status Comments: Approved by our  
domicile state, Iowa, on January 4, 2010.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/06/2010

Created By: R Grubb

Corresponding Filing Tracking Number:

Enclosed for your approval is the form referenced above.

Mature Age Questionnaire form AA 3517 N is a new form that does not replace any form currently on file with the department. The form will be completed by an examiner when additional information is necessary, based on our current underwriting guidelines, for the underwriter to complete his review.

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The new form is intended for general use with all of our individual life insurance products when new coverage is applied for either through a newly issued policy or an adjustment made to an in-force policy. The form will be used in conjunction with our previously approved life insurance applications.

The form enclosed for your review and approval is in final print form, subject only to minor modifications in paper size, stock, ink, border, company logo, and adaptation to computer printing. In addition, depending on printer capabilities, the form may be printed either simplex or duplex.

If you have questions or would like more information, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Rosemary Grubb, Senior Analyst	grubb.rosemary@prinipal.com
711 High Street	800-255-6603 [Phone] 2 [Ext]
Des Moines, IA 50392-0001	515-235-5494 [FAX]

### Filing Company Information

Principal Life Insurance Company	CoCode: 61271	State of Domicile: Iowa
711 High Street	Group Code: 332	Company Type:
Des Moines, IA 50392	Group Name:	State ID Number:
(515) 246-7086 ext. [Phone]	FEIN Number: 42-0127290	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 application @ \$20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$20.00	01/06/2010	33290296

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/06/2010	01/06/2010

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## Disposition

Disposition Date: 01/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Form</b>	Mature Age Questionnaire		Yes

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## Form Schedule

Lead Form Number: AA3517N

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AA 3517 N	Application/Mature Age Enrollment Questionnaire Form	Initial		64.000	AA3517N.pdf



**Principal Life Insurance Company**  
**Principal National Life Insurance Company**  
*Members of the Principal Financial Group®*

P.O. Box 10431  
Des Moines, IA 50306-0431

**Mature Age  
Questionnaire**

Only one company is the issuer and responsible for obligations of any given policy.

Print full name of Proposed Insured

Date of Birth (Month/Day/Year)

### 1. DELAYED WORD RECALL (DWR) – Part I

**Examiner:** Read aloud one word on the list while showing the Proposed Insured the corresponding flashcard. Ask the Proposed Insured to give a sentence using that word. After the response, proceed to the next word and flashcard until all the words have been used and a sentence for each has been given. Recording of responses for DWR – Part I is **not** required.

**Instructions to the Proposed Insured:** In this part of the assessment, I will read a word while showing a flashcard and ask you to use the word in a sentence. The sentence may be as short or long as you like. Later, I am going to ask you to recall the words. Do you have any questions? Please use “BOOK” in a sentence...Please use “FLOWER” in a sentence...

BOOK	FLOWER	TRAIN	RUG	MEADOW
SALT	FINGER	APPLE	CHIMNEY	BUTTON

### 2. COGNITIVE QUESTIONS

**Examiner:** Ask the Proposed Insured the following questions and record the exact responses. Indicate if Correct or Incorrect.

**Instructions to the Proposed Insured:** Now, I will ask you some general questions.

	Proposed Insured Response	Correct	Incorrect
a. What is today's date? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. What day of the week is it? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Where are we currently? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. What is your home telephone number? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. How old are you? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. When were you born? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. Who is the President of the United States now? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
h. Who was the President just before the current one? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
i. What is the season? .....	_____	<input type="checkbox"/>	<input type="checkbox"/>
j. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down.	Proposed Insured Responses: _____ Correct Responses: <u>17</u> <u>14</u> <u>11</u> <u>8</u> <u>5</u> <u>2</u> <u>-1</u>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. DELAYED WORD RECALL (DWR) – Part II

**Examiner:** Repeat procedure as instructed in DWR – Part I. After completing this DWR – Part II assessment, place the flashcards out of sight of the Proposed Insured for the remainder of the interview. Note the time. Allow at least 5 minutes, but no more than 10 minutes before proceeding to DWR – Part III of this assessment form.

**Instructions to the Proposed Insured:** Now, I am going to repeat the same words as before; show the flashcards again, and ask you to, again, use them in a sentence. You may either make up a new sentence or use the same sentence you used before. Do you have any questions? Please use “BOOK” in a sentence...Please use “FLOWER” in a sentence...

BOOK	FLOWER	TRAIN	RUG	MEADOW
SALT	FINGER	APPLE	CHIMNEY	BUTTON

**Examiner:**

Record exact time DWR – Part II was completed: \_\_\_\_\_ : \_\_\_\_\_ ☐ AM ☐ PM .

**Set your watch or timer for 5-10 minutes. After 5-10 minutes proceed to DWR – Part III to request the Proposed Insured's recall of the DWR words.**

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Print full name of Proposed Insured

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#### 4. ACTIVITIES OF DAILY LIVING

**Examiner:** Ask the Proposed Insured the following questions and record the exact responses.

**Instructions to the Proposed Insured:** Now, I will ask you some questions about daily living activities.

- a. Who does the housework in your home? \_\_\_\_\_
- b. Who does the yard work at your home? \_\_\_\_\_
- c. Who shops for your food? \_\_\_\_\_
- d. Do you drive? ☐ Yes ☐ No If "Yes", what distance do you drive per day? \_\_\_\_\_
- e. Who manages the finances of your household? For example, who pays bills and balances the checkbook? \_\_\_\_\_
- f. Do you belong to any social, volunteer, leisure, religious, or other groups or clubs? ☐ Yes ☐ No  
If "Yes", which ones and how often do you attend meetings? \_\_\_\_\_
- g. Do you live by yourself? ☐ Yes ☐ No If "No", with whom do you live? \_\_\_\_\_
- h. Do you use any assistance for walking or getting around, such as a wheelchair, walker, cane, crutches or other support, including holding onto furniture, rails, walls or another person? ☐ Yes ☐ No If "Yes", list all assistance used. \_\_\_\_\_
- i. Do you engage in any regular exercise (e.g., walking, running, aerobics, swimming, strength training, etc.)? ☐ Yes ☐ No  
If "Yes", how often and for how long do you exercise? \_\_\_\_\_
- j. Have you fallen at any time in the last two years? ☐ Yes ☐ No If "Yes", list dates of falls and any medical evaluations as a result of the fall. \_\_\_\_\_

#### 5. CLOCK DRAWING

**Examiner:** Ask the Proposed Insured to do the following. (Allow the Proposed Insured the opportunity to try up to three times.)

**Instructions to the Proposed Insured:**

- a. Draw a circle below to represent the face of the clock.
- b. Draw all the numbers on the face of the clock. Then draw the hands of the clock in a position where the time shown is 10 minutes past 11 o'clock.



Print full name of Proposed Insured

## 6. DELAYED WORD RECALL (DWR) – Part III

**Examiner:** Do not repeat the list of words, nor show the flashcards. Record each word that the Proposed Insured can recall, even if the same word is repeated or did not appear in the original list of words.

**Instructions to the Proposed Insured:** A few minutes ago I read and showed you some words and asked you to make a sentence with each of them. I would like you to recall as many of the words as you can remember. Take your time.

a. \_\_\_\_\_

b. Correct number of words recalled: \_\_\_\_\_

## 7. OBSERVATIONS

**Examiner:** You play a vital role in giving your general observations, so that a clear picture may be obtained of the Proposed Insured's physical and cognitive abilities. Any observations you make will be taken seriously. Please be honest in the following observations.

a. What is the Proposed Insured's general affect (cheerful, depressed, tired, etc.)? \_\_\_\_\_

b. Does the Proposed Insured have difficulty walking, sitting, rising? \_\_\_\_\_

c. Is there difficulty with understanding directions? \_\_\_\_\_

d. If a friend or relative accompanies this person, does the Proposed Insured seem to rely on that person for physical help or in following directions? \_\_\_\_\_

e. How is the Proposed Insured dressed (neatly, sloppily, etc.)? \_\_\_\_\_

f. Are there other observations you would like to make? \_\_\_\_\_

## 8. ADDITIONAL DETAILS (if needed)

**Examiner:** If additional space is needed to answer questions on the previous pages, please list the question number and details.

Quest. #	Details

## SIGNATURES

I have read the statements and answers recorded above; they are to the best of my knowledge and belief true, complete and correctly recorded. I agree that they will become part of my application and any policy issued on it.

Signature of Proposed Insured	Signed at: City	State	Date
<b>X</b>			

Printed Name of Examiner	<input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> LPN <input type="checkbox"/> RN	Examiner's Phone Number ( )
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Signature of Examiner	Time Assessment Completed
<b>X</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM

Exam Company Name

Please return this completed form directly to Principal.

**FLASH WORD CARDS**

**Examiner:** Use these 10 words flashcard style for the DWR. Cut along dashed lines to separate into individual flashcards.

BOOK

FLOWER

TRAIN

RUG

MEADOW

SALT

FINGER

APPLE

CHIMNEY

BUTTON

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## Supporting Document Schedules

	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification</p> <p><b>Comments:</b></p> <p>We have reviewed our procedures and assure you that we are in compliance with and provide the notice required by Arkansas Code Ann. 23-79-138.</p> <p>We have reviewed our issue procedures and assure you that we are in compliance with and provide the Life and Health guaranty notice required by Regulation 49.</p> <p>We certify that the forms in the above numbered submission meet the provision of Rule and Regulation 19 regarding unfair sex discrimination in the sale of insurance, as well as all applicable requirements of the Department.</p> <p><b>Attachment:</b></p> <p>AR Readability cert.pdf</p>		
<p><b>Bypassed - Item:</b> Application</p> <p><b>Bypass Reason:</b> Not applicable to this submission.</p> <p><b>Comments:</b></p>		



## ARKANSAS CERTIFICATION

RE: AA 3517 N

This is to certify that the submitted forms have achieved a Flesch Reading Ease Score as noted below and comply with the requirement of Arkansas Statute Annotated 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form No.</u>	<u>Score</u>
AA 3517 N	64

A handwritten signature in black ink, appearing to read "Jeff Hostetter", written over a horizontal line.

Date 01/06/2010

Jeff Hostetter  
Assistant Director, Individual Product Management